The medical societies represented in this response to the National Institutes of Health (NIH) Request for Information (RFI) on the NIH Plan to Enhance Public Access to the Results of NIH Supported Research thank the NIH for the opportunity to comment on the proposed public access plan.

As the NIH works to incorporate feedback and refine a draft policy, we recognize that the NIH proposed plan has a path for compliance whether a funded author chooses to publish in journals with an open access model, a subscription model, or other publishing model. It would be extraordinary and detrimental to non-profit organizations for a US agency to develop policies that force one business model over another with no consideration for the economic harm and/or impact to societies and science communication overall.

In recognition of our continued support in aiding researcher compliance with NIH requirements and to make peer-reviewed content accessible without an embargo, and we ask that the NIH policy **refrain from requiring reuse rights under licenses that restrict our ability to establish copyright** and preserve the downstream revenue associated with the final version of record.

Beyond whether a journal is subscription access, open access, or hybrid, there are supplementary revenue streams that society journals use to remain sustainable including licensing, commercial reprints, permissions, and advertising. Broad reuse licenses that do not respect publisher copyright rights jeopardize those revenue streams and the sustainability of society publishers. **The value we provide to our research communities is at risk.** Under copyright provisions, we guard against misuse of author content by requiring third parties to follow our policies regarding appropriate use of published content.

Maintaining scientific integrity is paramount.

The societies represented in these comments **take seriously the scientific integrity of research published in our journals**. The reputations of our societies and journals rely on being a provider of trusted content.

Our clinical journals focus on expedient but thorough review and publication of research that affects patient care—not in a matter of years, but sometimes hours. Our societies use our journals to disseminate clinical practice guidelines that impact research practice or clinical decisions, rules of hospitals and clinics, spending by government and insurers, and ultimately public health. The guidelines are developed at great expense and with significant resource burden. Utmost care is taken that they are current on the research, provide appropriate guidance based on proper methods and analysis of evidence, and bar any industry influence.

Maintaining this trusted role in society, at a time when disinformation is rampant, requires a significant investment. **Vigilance in publication research integrity and conflict of interest management** not only aligns with our missions but, more importantly, gives confidence to clinicians and researchers that information we publish has been verified and is reliable.

Diligent peer review, management and public disclosures of conflicts, and data and figure integrity checks are vital parts of the process. Threats such as plagiarism, “paper mills,” and fraudulent data are increasingly present and require steady attention.

These services are critical to production of a final product researchers and clinicians can rely upon as they conduct vital research and deliver evidence-based care—but they also require direct and substantial expense. Significant staff training and resources could be endangered if publishers lose revenue in the form of cancelled subscriptions, insufficient total article processing charge (APC) income, and lost licensing fees for approved reuse of content, among others. Each publisher will have their own budgetary tipping point when **decreased revenues impact our ability to provide services that now protect the integrity of research** published in our journals.

1. How to best ensure equity in publication opportunities for NIH-supported investigators.

The subscription model is largely accessible to researchers submitting their work and thus the most financially equitable for authors. Free to read (via gold or green OA) is most equitable to the readers.

The NIH proposed plan to mandate zero-embargo and allow green access *appears* equitable for both authors and readers. However, that assumption does not consider that many subscription and hybrid journals will have a large quantity of content that they invested in freely accessible. Under this zero-embargo proposal continuing subscription revenue may be implausible for some journals. Libraries have begun and will continue to cancel subscriptions to journals with large amounts of content that are free to access.

In such an environment, **journals with high numbers of papers reporting on NIH funded research may need to convert to an author-pays open access** (gold OA) model. While the NIH portends that NIH funded authors will have the ability to pay Article Processing Charges (APCs) to these now newly flipped journals, this creates an equity issue for NIH authors who have minimal funding or their funding is expended on necessary research expenses.

This proposed plan will be mandated for all NIH funded authors regardless of how much funding they received or how small a role any given individual plays in a research project or manuscript. The **NIH should apply a minimum threshold of funding** and/or level of participation by authors and researchers before subjecting the papers to the proposed mandate. Also, minimal contributions to studies (or use of funded shared resources) made by NIH-funded authors should not qualify a paper for the proposed mandate.

It is commonly understood that there is significant overreporting of federal support on submitted manuscripts as a component of research grants. We are aware that grantees, or others working on their behalf at their institutions, have deposited articles in PubMed Central in error. In light of this—and the impact of proposed changes—we urge **NIH to publish clear guidance, both on circumstances that qualify submitted papers to claim NIH funding,** and the conditions that invoke a requirement to comply with the public access mandate. **More and better communication to grantees and other stakeholders regarding the administration of compliance is essential** with the planned zero embargo policy.

Regardless of whether NIH funded authors intend to pursue a green OA option and reserve their funds for other research purposes, a concerning number of scientific journals will be vulnerable to library subscription cancelations given the amount of content that will be accessible without embargo on PubMed Central and other government repositories. **Not all journals will be able to offer a green**

route. We do not believe OSTP or federal funding agencies fully appreciate the extent to which zero-embargo public access policies will disrupt the entire ecosystem of the research enterprise.

2. Steps for improving equity in access and accessibility of publications.

The work of converting Word files into machine readable, highly tagged extensible markup language (XML) is important, particularly for readers in need of assistive devices. It also aids in search and discovery. One efficiency and savings of taxpayer dollars we can do today is to remove the redundancy of this being done twice—once by the publisher and once by the National Library of Medicine (NLM). **This is not a good use of taxpayer money.**

The NIH could reduce their expenses in performing duplicate tasks. We **call on the NIH to engage publishers in possible private-public partnerships to avoid duplication of work** and excess spending.

Our organizations invest in development of journal hosting platforms with capabilities for **ensuring that content is tagged and optimized for adaptive devices needed by users with visual and auditory disabilities**. We are concerned that by taking users off our platforms to read our content on PubMed Central, the value of this investment will be diminished.

Medical societies routinely produce infographics, visual abstracts, context summaries, plain-language summaries, and patient pages for individuals outside the typical subscriber or society member. Currently the **NLM refuses to link references to the publisher site, and users on PMC have little chance to discover this content**. A zero-embargo policy is likely to further diminish existing usage.

3. Methods for monitoring evolving costs and impacts on affected communities.

The NIH must engage the researcher community to understand their concerns about public access policy changes. While the NIH asserts authors can use grant money to pay publication fees, our members overwhelmingly tell us that they do not have enough money in their grants to cover publication fees for multiple papers likely to arise from a single grant. Further, researchers tell us their proposals for funding are typically cut in review.

The likelihood of large increases in government funding of agencies is low and researchers are concerned that publication fees will not be adequately covered by their research grants.

4. Early recommendations for increasing findability and transparency of research.

Publishers are very interested in and have been early adopters of persistent identifiers (PIDs) in the scholarly communication life cycle. We **encourage the NIH to engage with publishers and the PID community of partners** to use or adapt what has already been created. We strongly recommend the NIH both employ digital object identifiers (DOIs) for grants and require them for datasets published. By adopting persistent identifiers already in use in scholarly publishing, journals can include persistent links to critical pieces of research for users to access.

Lastly, a **commitment from the NIH to adopt PIDs already in use should end the current NLM practice of replacing publisher DOIs in the references of papers in PubMed**. The NLM does not have permission from publishers or authors to make material changes to the deposited manuscripts. By stripping the DOIs from reference links or choosing to include links to the PMC version instead of the version of record (VOR), **the NLM is depriving the user of access to associated editorials, letters to the editor, podcasts, infographics, etc.** The NIH has shown strong interest in understanding how journals make content more accessible to non-subscribers and non-specialists; it makes no sense for the NLM to refuse to link to the VOR for the discovery of this content via references.

We urge the NIH, OSTP, and OMB to carefully consider the points raised and we thank you for the opportunity to comment.

American Society of Clinical Oncology
American College of Physicians
NEJM Group
American Heart Association
American Diabetes Association
American Society of Anesthesiologists
American Urological Association
American Thoracic Society
American Gastroenterological Association
Endocrine Society
American Academy of Neurology
American Society of Nephrology
American College of Rheumatology